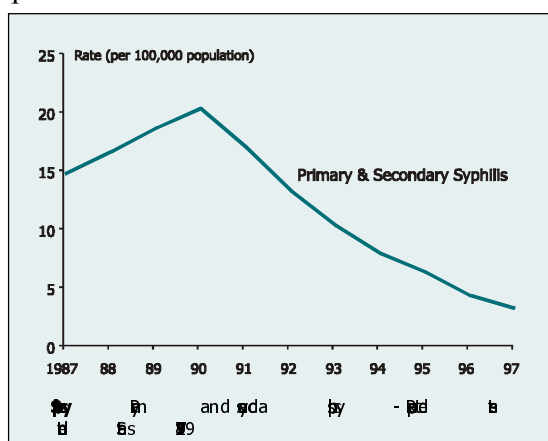


Efforts to eliminate syphilis in the United States by 2005

TODAY, IT IS MORE FEASIBLE THAN EVER to eliminate syphilis in the U.S. If we wait, the opportunity will be lost. In the 20th century, syphilis morbidity in the United States has followed a seven to ten year cycle. Levels were low enough in the late 1930s and 1950s that syphilis elimination campaigns were mounted. Although these efforts significantly reduced rates of syphilis, they failed to successfully eliminate the disease.

However, by 1990, the number of cases had declined by 85 percent, reaching the lowest level ever recorded in the U.S., largely because of effective STD and HIV prevention and control efforts.

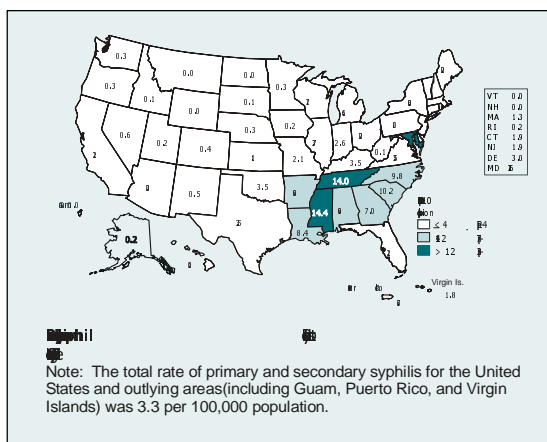


“As the 21st Century approaches, we have a unique opportunity to eliminate syphilis as a public health threat in the United States once and for all.”

As late as the 1940s, syphilis was a disease that affected all socio-demographic groups in the United States. However, in the 1990s syphilis disproportionately affects a small percentage of the population, often isolated, marginalized groups involved in high-risk activities such as illicit drug use, exchanging sex for money or drugs, and having multiple sex partners. Typically, persons affected by syphilis live below the poverty level, and have limited access to health care, lower rates of health insurance, and a number of other non-STD health and social problems. Syphilis disproportionately affects communities of color, particularly African American communities. For example, in

1997, the rate of primary and secondary syphilis among non-Hispanic blacks was 44 times greater than the rate for non-Hispanic whites.

Syphilis also has become geographically concentrated. The syphilis burden is greater in Southern states (6.6/100,000) than in the Midwest (2.0/100,000), Northeast (1.1/100,000), or West (1.0/100,000). Of the 413 U.S. counties with P&S rates above the Healthy People 2000 objective (4.0/100,000) in 1997, 91% are located in the South. In 1997 over 50% of primary and secondary syphilis cases were reported from 31 (1%) counties, the majority of which are in the South, while nearly 75% of the nation's counties have already eliminated endemic syphilis transmission. Because syphilis is concentrated in particular subgroups and geographic areas, it is easier to focus disease elimination efforts.



Eliminating syphilis is a realistic goal that already has been achieved by other industrialized countries, such as Canada, England, Sweden, and Denmark. Several biological characteristics of the disease make elimination feasible: no nonhuman reservoir, no evidence of antibiotic resistance, and a long incubation period, which favors case finding and epidemiologic treatment prior to transmission. Based on past syphilis trends

Syphilis elimination

◀ continued

and because the last peak in the epidemic was nearly 10 years ago in 1990, there is a narrow window of opportunity to eliminate syphilis while cases are still on the decline.

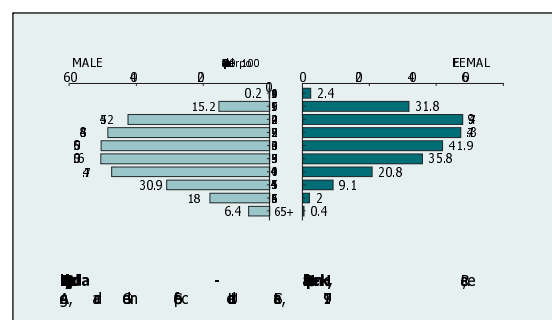
Significant public health benefits

The impact of syphilis elimination has far reaching implications for other health and social conditions associated with syphilis. Syphilis has two devastating health consequences: 1) 3-to 4-fold increased risk of HIV transmission and 2) infection of unborn or newborn babies, resulting in pregnancy loss or congenital syphilis. Syphilis has been partially responsible for fueling the HIV epidemic particularly in communities of color and in the THE South, where syphilis is most concentrated. Elimination of syphilis would remove one important factor that facilitates HIV transmission in some of our most vulnerable communities. It also would remove the devastations of spontaneous abortions, stillbirths, and multisystem disorders caused by congenital syphilis, thus improving birth outcomes and infant health.

Syphilis causes a significant public health burden at a considerable cost to society. A recent cost analysis found that more than \$966 million is spent each year as a direct or indirect result of syphilis, including adult syphilis (\$185.5 million), congenital syphilis (\$28.5 million), and HIV infection attributable to syphilis (\$752.2 million). Over the next 15 years, it is estimated that \$833 million in direct costs attributed to syphilis-related HIV infection could be saved as a result of a comprehensive syphilis elimination effort. This very conservative estimate does not include indirect costs of syphilis-related HIV infection. Clearly, a syphilis elimination initiative will likely pay for itself.

Moreover, elimination efforts would improve the health status of African

Americans, who disproportionately suffer from syphilis, by providing better access to quality, culturally sensitive prevention and care services. While there are many other infectious and chronic diseases that create profound racial disparities in health in the United States. By working collaboratively with other public health organizations, to establish referral networks for syphilis elimination will increase access to primary care, prenatal care, and other services such as drug treatment.



How does CDC define syphilis elimination?

CDC has defined syphilis elimination at both national and local levels.

- At the *national level*, syphilis elimination is defined as **the absence of sustained transmission in the United States**.
- At the *local level*, syphilis elimination is defined as the **absence of transmission of new cases within the jurisdiction except within 90 days of report of an imported index case**.

What are the next steps?

CDC, in collaboration with other partners, is in the process of developing a national syphilis elimination plan. The goal of this effort is to eliminate syphilis in the U.S. by 2005.